

Recreation Department Field Use Request Form

Name of Individual Making Request:

Name of Organization:

Address:

Home Phone:

Work Phone:

Fax:

E-mail:

Sport:

Coach(es') Names, Addresses, Phone Numbers:

Field Requested:

Date Requested:

Start Time and End Time Requested:

Please remember that a complete roster must accompany this form (team members' names, addresses, home phone numbers) and that the individual submitting this form must obtain Town of Bedford release waivers from all participants prior to play.

All trash must be removed from the fields. Violators will be denied future permits.